

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought in the application entitled

Augments for Surgical Instruments, the specification of which
 (check one) X is attached hereto.
 _____ was filed on _____ as
 United States Application Serial No. _____ or
 PCT International Application No. _____
 and was amended on _____
 (if applicable)

I hereby declare that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate on which priority is claimed (as listed below) and I have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes	_____ No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes	_____ No

I hereby claim benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

_____ Application Number	_____ Filing Date
-----------------------------	----------------------

_____ Application Number	_____ Filing Date
-----------------------------	----------------------

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)(Patented, Pending, Abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)(Patented, Pending, Abandoned)

And I hereby appoint Paul J. Maginot, Registration No. 34,984, Harold C. Moore, Registration No. 37,892, David M. Lockman, Registration No. 34,214, and Michael D. Beck, Registration No. 32,722, David B. Quick, Registration No. 31,993 as attorneys of record with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please direct all communications regarding the application to:

Paul J. Maginot, Esq.
Maginot, Moore & Beck
111 Monument Circle, Suite 3000
Bank One Center/Tower
Indianapolis, Indiana 46204-5115
Telephone (317) 638-2922
Facsimile (317) 638-2139

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Deb German

Inventor's signature _____ Date: _____

Residence: 13445 Linwood Drive, Plymouth, IN 46563

Citizenship: USA

Post Office Address: Same

Full name of second inventor: Rick Keeven

Inventor's signature _____ Date: _____

Residence: 307 N. Washington, Warsaw, IN 46580

Citizenship: USA

Post Office Address: Same

Full name of third inventor: Mari Truman

Inventor's signature _____ Date: _____

Residence: 221 North Union Street, Warsaw, IN 46580

Citizenship: USA

Post Office Address: Same